

City of Sedona TEMPORARY USE PERMIT APPLICATION

Permit No
Date Received
Deposit Amt

Note: Applications received less than 30 (thirty) days prior to a scheduled event may not be approved.

1.	Applicant Information: Name		
	Address		
	Phone No Cell Phone No		
	Contact name and phone number (if other than above)		
2.	Event Information: (please be specific, i.e. retail sales, car show, art show, etc)		
	Type of Event		
	Date/Time		
	Location		
	Assessor's Parcel Number		
	Are you utilizing off site vendors or businesses that are NOT physically located on the subject property?		
	Yes □ No □ If Yes, please list		
3.	Do you own the property on which the event will occur? Yes No If no, please provide a letter of authorization from the property owner with this application.		
4.	Estimated attendance		
5.	Will alcohol be served or sold at this event? Yes No If yes, please attach a copy of the State of Arizona Special Event Liquor License Permit application or approval.		
5.	Is on-site parking available? Yes No If no, please indicate arrangements to accommodate public parking and attach a parking plan. If no arrangements have been made, please indicate below the methods of traffic control you intend to use:		
7.	Provide plans showing type, locations(s) and number of signs that will be used to promote this event. If signs will be located in the ADOT right-of-way, please provide a copy of the ADOT permit with this		

8.	What sanitary facilities are available on site? If no facilities are available, what arrangements have been made to provide such facilities in accordance with Health Department standards?			
9.	Are trash bins and/or recyclable receptacles available on site? Yes No Please describe what will be done to prevent the accumulation of trash and/or debris that may result from the event and address how you intend to recycle applicable materials.			
10.	Will food be made available at this event? Yes No If yes, will it be prepared on-site or at another location? Please attach a copy of the health department permit or other letter of authorization or exemption.			
11.	Will a first-aid station be provided on-site for this event? Yes No			
12.	2. Has it been determined that a Hold Harmless agreement with the city is necessary for this event? Yes No If yes, has the agreement been completed? Yes No If so, please attach a copy.			
13.	Will the proposed event involve the use of city property or public right-of-way? Yes No If yes, please attach letter of approval from the applicable agency or jurisdiction.			
14.	Has liability insurance been obtained to cover this event? Yes No If yes, please provide proof of insurance with this application.			
15.	Is the City of Sedona named as additionally insured? Yes No If no, please state reason.			
16.	Has there been a determination that a bond is required for this event? Yes No If yes, what is the amount? \$ Is bond attached? Yes No If no, please state reason			
	Estimate gross sales or donations \$ Transaction Privilege Tax Number Non-profit 501C 3 Number			
	Will loud music or other sounds, which may be potentially disruptive to area neighbors, be associated with this event? Yes No If yes, please describe proposal to mitigate any potential adverse impacts.			
	On the following page, please provide a detailed site plan showing any and all tents, structures, electrical details, outside lighting, traffic control and fire control methods and all other details associated with this			

event.

SITE PLAN			
SHEPLAN			
OFFICE VICE ONLY			
OFFICE USE ONLY			
DEPARTMENT APPROVALS: • Community Development Department			
Community Development DepartmentPolice Department			
• Fire Department			
Parks and Recreation			
Building Department			
Risk Management			
Bond Required? Yes No Amount required \$			
Arizona Department of Revenue			
Date Contacted			
Category: A B C D E F			
Fee \$ Permit fee paid? Yes No Date recei	ved		
Permit approved by	date		
CONDITIONS OF APPROVAL			
1			
2			
2			
3.			
5.			
4.			